



## Mentoring Program Youth (Mentee) Application

### **PARTICIPANT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address \_\_\_\_\_  
*Street, Apt. # City State Zip*

☐ In-Home ☐ Kinship Care ☐ Foster Home ☐ Group Home ☐ Shelter  
☐ Other (Please Explain \_\_\_\_\_)

Youth Phone Number: \_\_\_\_\_

### **PARENT/GUARDIAN**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Current Address \_\_\_\_\_  
*Street, Apt. # City State Zip*

Relationship to Youth \_\_\_\_\_

### **SOCIAL WORKER OR REFERRING PARTY**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Agency \_\_\_\_\_

Current Address \_\_\_\_\_  
*Street, Apt. # City State Zip*

Relationship to Youth \_\_\_\_\_

Please note any background and other relevant information that would be useful for the mentoring program to know

Return to: True Colors, fax number, 860-649-7388

945 Main Street, Suite 211, Manchester, CT 06040

860.649-7386

[www.OurTrueColors.org](http://www.OurTrueColors.org)

**RELEASE OF INFORMATION  
and Permission to Participate in True Colors Mentoring Program**

I \_\_\_\_\_ as the legal guardian of \_\_\_\_\_  
*Guardian's Name* *youth participant*

give my permission for \_\_\_\_\_  
*youth participant*

to participate in the True Colors mentoring program. This permission extends to the following activities: (please initial **only** those areas for which you are extending your permission)

*Initial Here*

- \_\_\_\_\_ ☐ on-site meetings in youth's current living situation
- \_\_\_\_\_ ☐ off-site group meetings authorized by youth's current living situation
- \_\_\_\_\_ ☐ off-site group meetings authorized and hosted by True Colors
- \_\_\_\_\_ ☐ off site individual activities with mentor

Occasionally, youth in the program have an opportunity to visit mentors in their homes for dinner, holidays, or activities.

As Guardian, I (Please initial response)

*Initial Here*

- \_\_\_\_\_ ☐ Give my permission for these visits to occur at the discretion of the mentoring program
- \_\_\_\_\_ ☐ Ask that permission for home visits be secured prior to each event
- \_\_\_\_\_ ☐ Do not give permission for this youth to visit his/her mentor at their home

I give my permission for True Colors to speak with care-givers (therapists, social workers, current living situation personnel) regarding this youth

☐ Yes ☐ NO

I give my permission for this youth's caregivers to speak to True Colors:

☐ Yes ☐ NO

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number